

NIH POLICY MANUAL

2300-339-2 - MEDICAL QUALIFICATIONS DETERMINATIONS

Issuing Office: OD/OHRM/DICC, 402-9484

Release Date: 09/09/98

1. **Explanation of Material Transmitted:** This revisions to the Manual Chapter pertain to guidelines, requirements and procedures for Medical Qualification Determinations.
2. **Filing Instructions:**

Remove: NIH Manual 2300-339-2, dated 02/28/98.

Insert: NIH Manual 2300-339-2, dated 09/09/98.

PLEASE NOTE: For information on:

- Content of this chapter, contact the issuing office listed above.
- NIH Manual System, contact the Division of Management Services, OMA on 496-2832, or enter this URL: <http://www3.od.nih.gov/oma/manualchapters>.

A. Purpose and Scope

- 1) This Chapter states the responsibilities, requirements and procedures for obtaining medical clearance of persons selected:
 - a. To fill competitive and excepted service positions at the NIH regardless of the employee mechanism used.
 - b. For NIH-wide nonemployee programs, e.g., Guest Researchers, Visiting Fellow, IRTA's and Special Volunteers. Selectees for Institute and Center (IC) defined nonemployee programs must be found medically fit for the position to be encumbered in accordance with the provisions of Section F of this issuance. However, the responsibilities and procedures in this issuance may be waived in lieu of locally defined policy at the discretion of the IC.
- 2) This issuance does not apply to the filling of Commissioned Corps positions covered by Commissioned Corps Personnel Management (CCPM) Instruction 5, Subchapter CC29.3, Medical Examination Requirements dated October 24, 1997.
- 3) As appropriate, this issuance should be used in conjunction with the [NIH Manual Issuance 2204, Reasonable Accommodation](#), for employees who develop disabling conditions while employed at the NIH, or 5 CFR Section 213.31029(t) and 5 CFR Section 315.709 when utilizing the appointment mechanisms for the physically or mentally disabled.

4) The policies contained in this chapter apply to all parts of the NIH. However, the specific requirements and procedures relating to OMS pertain only to components using the OMS facility in Bethesda, Maryland and **not** for employees outside this geographic area.

B. References

1) 5 CFR 339.301, Medical Examinations states the requirements governing medical determinations related to employability.

2) Medical standards established Government-wide by the U.S. Office of Personnel Management (OPM) for entire occupations are stated in the Qualifications Standards Handbook for General Schedule Positions and the X-118C for Wage Grade Positions.

3) Guidelines for reasonable accommodation of known physical and mental impairments of applicants and employees are contained in the [NIH Manual Issuance 2204, Reasonable Accommodation](#).

4) 5 CFR 293.504 and 5 CFR 293.507 state the requirements for maintenance of the Employee Medical File (EMF).

C. Responsibilities

1) Institutes and Centers are responsible for:

Establishing IC policy regarding when physical examinations are to be completed; ensuring notice is given in the position announcement when medical clearance is required; ensuring written job offers requiring medical qualification determinations state employment is contingent upon successful completion of an employment physical; reviewing appeals made by nonpreference applicants on competitive certificates who have been found unqualified based on failure to pass the required medical examination; determining whether individuals hired for sedentary or moderately active positions meet the medical qualification statements listed in the Qualifications Standards Handbook for GS positions and the X-118C for Wage Grade Positions; assuring that physical requirements for individual positions are clearly supported by the actual duties of the position and that they are documented in the position description; and notifying the applicant in writing of the results of medical examinations.

2) Occupational Medical Service is responsible for:

Scheduling and performing medical examinations as required by IC policy; consulting with Personnel Officers on exceptional cases which require an examination within three days; advising the IC on the medical requirements for specific positions or duties; determining whether the selectee is medically qualified and reporting their findings on NIH 750-2, Request for Medical Determination and Report of Findings; enrolling the selectee in the appropriate medical surveillance program(s), if any; and maintaining the

EMF.

3) Examinees are responsible for:

Returning the [NIH 750-2](#) to the personnel representative identified on that form on the day of receipt from the OMS.

D. Policy

1) All applicants, including current government employees, must take and pass a medical examination if selected for a position that has one or more of the following:

- a. Specific medical standards established for the entire occupation by the U.S. Office of Personnel Management (OPM) or the agency;
- b. Physical requirements documented in the position description that exceed the definition of sedentary or moderately active; or
- c. Duties that by their nature or the physical location at which they are performed will make the selectee eligible to participate in a medical surveillance program (a hazard-specific, targeted medical evaluation).

2) All applicants selected for Clinical Center positions are required to complete and successfully pass a pre-employment physical.

3) Each IC may establish its own policy regarding whether examination will be conducted prior to or immediately after the EOD of the selectee in accordance with local concerns and priorities. Examination must be scheduled no later than 30 days following the EOD. If the selectee is determined to be medically unqualified to occupy their position, the servicing IC should follow the procedures outlined in Section H.

4) The examination of Visiting Program personnel should be scheduled to coincide with the EOD if possible. Otherwise, the examination should be scheduled as soon after EOD as can be accommodated by the OMS.

E. Medical and Physical Requirements of Positions

1) Sedentary or Moderately Active Position Medical Requirements

Job applicants and employees in occupations that involve sedentary or moderately active duties (moderately active position defined as requiring lifting or carrying between 15 and 45 pounds and performing other duties involving physical activity with mild exertion) in a typical office setting are generally not required to meet specific medical standards or physical requirements.

2) Arduous or Hazardous Position Medical Requirements

Applicants and employees in positions involving arduous or hazardous duties (defined as positions that are dangerous or physically demanding to such a degree that the incumbent's medical condition is an important consideration in determining ability to perform safely and efficiently) must meet, as appropriate:

- a. The Government-wide medical standard approved by the U.S. OPM for the occupation;
- b. The agency medical standard for the GS-0081 Series for all NIH firefighters;
- c. The physical requirements stated in the official position description and therefore considered selective factors; or
- d. The criteria for inclusion in a NIH medical surveillance program which is based on the nature of duties or potential for worksite exposure. Positions meeting this criteria are identified by an affirmative answer to any questions on the [NIH 750-3](#).

F. Medical Examination Requirements

Within the guidelines set forth below, Personnel Officers must determine the positions in their areas for which a medical examination is required. Questions regarding the medical requirements for specific positions or duties not covered may be discussed with the Medical Director, OMS.

1) Sedentary or Moderately Active Positions

- a. Medical examinations must be waived for positions which are sedentary or moderately active in nature unless the incumbent will be eligible to participate in a medical surveillance program.
- b. Medical determinations for sedentary or moderately active positions in a typical office setting are determined by the PO (or his/her representative) based on the general medical qualifications in the Qualifications Standards Handbook for GS positions and the X-118-C for Wage Grade Positions.
 1. If the candidate is determined to be physically and mentally able to perform the duties of the position, the IC representative documents when the medical qualification process was completed and retains this information in accordance with IC procedures.
 2. If the PO or IC representative questions the selectee's ability to efficiently perform the essential functions of the position without hazard to themselves or others, a memorandum indicating the nature of the concern should be sent to the OMS for a medical opinion. If OMS confirms additional information is needed,

5 CFR 339 is to be followed.

2) Arduous or Hazardous Positions

Medical examinations must be completed for appointment or other movement into arduous or hazardous positions unless a waiver is granted.

Examinations may be waived with the concurrence of the Medical Director, OMS, if the selectee is an NIH employee who currently occupies a position with medical qualifications similar to those of the position for which he/she has been selected AND an appropriate medical examination was successfully completed within the prior 12 months AND the examination is substantiated by documentation in the Employee Medical File (EMF).

G. Selection of the Examining Physician

Applicants who must pass a medical examination must be offered the opportunity to be examined by the OMS at the Government's expense. This applies regardless of the physical location of the selectee. If the OMS conducted examination is declined, one must be completed by a private physician at the selectee's expense (See [Appendix A](#)).

H. Medical Determinations and Notification of Findings

If the determination is that the selectee must be rejected, the IC Personnel Office:

- 1) Assists management in modifying the proposed job and/or environment in order to reasonably accommodate the selectee's limitations; or
- 2) Initiates appropriate termination/adverse action procedures if he/she is a probationary, career conditional or career status employee; or
- 3) If the examinee is a nonpreference eligible on a competitive certificate, provide written notice of the specific reasons why he/she does not meet the necessary qualifications requirements for the position, and of the right to a higher level of review of the determination. Requests for review should be addressed to the individual identified as the reviewing officer with the IC. The reviewing officer must inform the candidate in writing of his/her findings. If the disqualification stands, the candidate must be given the specific reasons why he/she is medically unable to perform the duties of the job. There is no right to OPM review.
- 4) OPM must approve the sufficiency of the agency's reasons to medically disqualify or pass over a preference eligible on a certificate in place of a nonpreference eligible.

I. Records Retention and Disposal

F-78, SF-93, NIH 750-2, NIH 750-3 and Related Documents

- 1) The [NIH 750-2](#) of applicants who are not hired are retained with other applicant records and do not become part of the EMF.
- 2) A copy of the NIH 750-2 is retained by the OMS in the EMF. The NIH 750-2 held by the Personnel Office may be destroyed or retained in accordance with IC procedures. The NIH 750-2 may not be filed in the employee's OPF.
- 3) All records of medical examination and other miscellaneous medical records permitted for retention under 5 CFR 339 are maintained in the EMF by the OMS. When an employee transfers or separates, the office responsible for maintaining the OPF obtains these records for transfer.
- 4) The SF-256, Self Identification of Handicap, must be destroyed after the data it captures has been entered into IMPACT and verified.
- 5) All records (E-Mail and non E Mail) pertaining to this chapter must be retained and disposed of under the authority of [NIH Manual 1743 "Keeping and Destroying Records](#), Appendix 1. The NIH 750-2 is retained in accordance to Section 2300-792-3.

NIH e-mail messages

NIH e-mail messages (messages, including attachments, that are created on NIH computer systems or transmitted over NIH networks) that are evidence of the activities of the agency or have informational value are considered Federal records. These records must be maintained in accordance with current NIH Records Management guidelines. Contact your IC Records Officer for additional information.

All e-mail messages are considered Government property, and, if requested for a legitimate Government purpose, must be provided to the requestor. Employees' supervisors, NIH staff conducting official reviews or investigations, and the Office of Inspector General may request access to or copies of the e-mail messages. E-mail messages must also be provided to members of Congress or Congressional Committees if requested and are subject to Freedom of Information Act requests. Since most e-mail systems have back-up files that are

J. Management Controls

The purpose of this manual is to assure that all work and related activities are conducted in full accord with statutory, regulatory, and policy requirements.

- 1) Office Responsible for Reviewing Management Controls for this Chapter (Issuing Office).

Through this issuance, the Office of Human Resource Management, Office of the

Director, NIH is accountable for the method used to ensure that management controls are implemented and working.

2) Frequency of Review: Every 3 years.

3) Method of Review: A sample of cases will be reviewed which is statistically valid to ensure that the IC's are in compliance with the policies in this chapter.

4) Reviewed Reports are sent to the Director, Office of Human Resource Management, NIH.

K. Additional Information

Contact Division of IC Consulting, on 301-402-9484.

APPENDIX A

Procedure for Medical Examination

1) Initiation of Forms for Examinations Conducted by the OMS

a. The IC Representative:

1. Immediately after the selectee is identified, completes Part 1 of the [NIH 750-2](#), Request for Medical Determination and Report of Findings, Completes Part A of the SF-78, Certificate of Medical Examination, and completes items 1-6 on the SF-93, Report of Medical History.

2. Forwards the NIH 750-2, [NIH 750-3](#), and SF-78, to OMS, and Authorization for Treatment of a Minor to the selectee, if he/she is under 18 years old (Illustration # 3).

b. The OMS:

1. Checks the NIH 750-2, NIH 750-3, and SF-78 for completeness and consults with the IC Representative as needed in an attempt to complete forms.

2. When the paperwork is complete, contacts the selectee and schedules the appointments. If the selectee cannot be contacted within three weeks or misses more than one appointment, the forms are returned to the IC Representative.

3. Performs the examination.

4. Completes the 750-2 and determines whether the selectee is medically qualified.

c. The examinee:

1. Completes and takes the SF-93 with the properly completed Authorization for Treatment of a Minor if necessary to the OMS on the day of the examination.

2) Initiation of Forms for Examinations Conducted by a Private Physician.

a. The IC Representative:

1. Completes Part 1 of the [NIH 750-2](#), Request for Medical Determination and Report of Findings, indicating the examination is to be conducted by a private physician and sends the completed form to the OMS.
2. Completes items 1-6 on the SF-93, Report of Medical History, completes Part A and B of the SF-78, Certificate of Medical Examination, and provides the Authorization for Treatment of a Minor if the examinee is under 18 years of age to the selectee in person, including it in a letter regarding other appointments papers, or making it the subject of a separate communication.
3. Forwards to the examinee: SF-93, SF-78, [NIH 750-3](#), and cover letter to the examining physician (Illustration # 4), in a return envelop marked "confidential" which has been pre-addressed to the Medical Director, OMS.

b. The examinee:

Completes the appropriate portion of the SF-93 and takes all papers identified in # 3 above to the private physician and instructs the physician to mail all completed forms to OMS.

c. The Private Physician:

Completes the SF-93, SF-78, NIH 750-3, and when available, provides additional medical information requested in the cover letter (Illustration # 4) and mails completed forms to OMS.